

<b>Case Number:</b>	CM13-0017839		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old female who reported an injury on 11/01/2000. The mechanism of injury was not provided within the medical records. The clinical note dated 07/11/2013 indicated diagnoses of lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, prescription narcotic dependence, and chronic pain related depression. The injured worker reported 50 percent relief with her medications and she was able to function; without her pain medications, she reported she would be bedridden. The injured worker reported 5/10 to 6/10 pain with medications and 10/10 pain without medications. On physical examination, the injured worker was being worked up for a possible hip replacement due to severe and debilitating hip pain. The injured worker's last urine drug screen was 07/08/2013. The injured worker's treatment plan included authorization for a urine drug screen, and to continue medications. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Opana, kava kava, trazodone, Flexeril, Flector Patch, Prilosec, Pristiq, and medrox patch. The provider submitted a request for a prospective urine drug screen. A Request for Authorization dated 07/11/2013 was submitted for urine drug screen; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**PROSPECTIVE REQUEST FOR URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

**Decision rationale:** MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including aberrant behavior and opioid monitoring to rule out non-compliant behavior. Documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. Therefore, the request is not medically necessary.